INTERSTATE COMPACT FOR JUVENILES

FORM VII

OUT OF STATE TRAVEL PERMIT AND AGREEMENT TO RETURN

TO: _____ (Receiving State) FROM: _____ (Sending State)

FROM: _____ (Name) _____ (Title) _____ (Phone #)

_____ (Agency) _____ (Department)

RE: _____ (Name of Juvenile) _____ (DOB) _____ (Race) _____ (Sex)

*If known: *Ht: _____ *Wt: _____ *Eye Color: _____ *Hair Color: _____

_____ (Parole/Probation) _____ (Sending State Court/Case #(s))

_____ (Adjudicated Offense(s) Resulting in Supervision)

Current Residence:

Name: _____ Relationship: _____

_____ (Street Address) _____ (City) _____ (State) _____ (Zip Code) _____ (Primary Phone #)

Permission is granted to the above-named juvenile to visit the State of _____ (Receiving State)

from _____ (Arrival Date) until _____ (Departure Date)

During which time the juvenile will be staying with/at:

_____ (Name/Facility) _____ (Relationship)

_____ (Street Address) _____ (City) _____ (State) _____ (Zip code) _____ (Primary Phone #)

Reason for Travel:

Special Instructions/
Contact Instructions:

Juvenile's Statement of Understanding

I _____ (Name of Juvenile) recognize I am under the legal custody/jurisdiction or supervision of the State of _____ (Sending State) I hereby agree to comply with the rules and regulations of the Interstate Compact for Juveniles and the laws of the sending and receiving state including the above conditions and instructions. I understand my failure to comply with these conditions may result in a warrant or requisition being issued for my arrest or return.

☐ I have read, or ☐ have had read and explained to me, the Statement of Understanding.

(Juvenile's Signature) (Date)

☐ Unable to obtain juvenile's signature prior to departure

Authorized by:

(Signature of Caseworker or Probation/Parole Officer) (Title) (Date)